

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101590946

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---|--|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE | U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 8 minus 20 = * | |
| INDEPENDENT CLAIMS | 1 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR | OTHER THAN SMALL ENTITY |
|----------------------|-----|----------------------------|
| RATE | FEE | RATE |
| BASIC FEE | | BASIC FEE |
| EXAM. FEE | | EXAM. FEE |
| SEARCH FEE | | SEARCH FEE |
| X \$ 125 = | | X \$ 250 = |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| + \$ 180 = | | + \$ 360 = |
| TOTAL | | TOTAL |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|--|---|------------|---|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * | Minus | ** |
| Independent | * | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|---------------------|------------------------|----------------------------|
| RATE | ADDI- TIONAL FEE | RATE |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| + \$ 180 = | | + \$ 360 = |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |

| | (Column 1) | (Column 2) | (Column 3) |
|--|---|------------|---|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * | Minus | ** |
| Independent | * | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|---------------------|------------------------|
| X \$ 25 = | | X \$ 50 = | |
| X \$ 100 = | | X \$ 200 = | |
| + \$ 180 = | | + \$ 360 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".